

DISCLOSURE DIVISION

☒ **WAIVER REQUEST**
☐ **ANSWER**
☐ **RECONSIDERATION REQUEST**
☐ **UNTIMELY**

DATE: 7/2/2021

DOCKET #: 2021-562

Ashley Wimberley, Director
Disclosure Division

FILER INFORMATION

Name: Mr. Ralph Cherry Ingram, Jr.
Address: 905 Williams Ave., Natchitoches, LA 71457
Office/Position: Natchitoches Parish Port Commission
of Disclosures/Amendments Filed with Agency: 19
Years Covered: 2008-2020
Final Report: No

REPORT INFORMATION

Name of Report: Tier 2.1 Annual Personal Financial Disclosure covering calendar year 2018 - Amendment
Report ID: PFD19000410
Original Due Date: 5/15/2019
Initial PFD Filed on: 1/22/2019
NOD-amend Received: 10/31/2020
NOD-amend Signed by: Mail Carrier -C19
Amendment/Answer Due Date based on NOD: 11/10/2020
Amendment/Answer Filed: 11/23/2020

LATE FEE INFORMATION

Amount of Late Fee: \$650
Days late from receipt of NOD: 13
Total days late from initial due date: 558
Late Fee Order Received: 4/29/2021
Payment/Waiver Request Due Date: 5/19/2021
Waiver Request Received: 4/30/2021

COMMENTS:

Ralph C. Ingram stated he mistakenly sent in his tax documentation within the 7-day grace period instead of competing the requested form. He tried to mail the amendment as quickly as possible once he was contacted. This is his first late fine assessment.

OTHER LATE FEE INFORMATION

Disclosure Statements:

- Other Outstanding Statements: No
- Other Outstanding Late Fees: No
- Prior Late Fees: No
- Reassessed Late Fees: No

Campaign Finance:

- Outstanding Late Fees: No
- Prior Late Fees: No


April 30, 2020

Attention Director Ashley Wimberley
Fax 225 381 7271

I received a notice October 13, 2020. I submitted my tax document instead of filling in form by mistake timely November 2, 2020.

This is my first late filing. We tried to mail as quickly as possible once we were contacted. We would like Board to waive the full fee.

Thank you


Ralph C. Ingram, Jr



STATE OF LOUISIANA
DEPARTMENT OF STATE CIVIL SERVICE
LOUISIANA BOARD OF ETHICS

P. O. BOX 4368
BATON ROUGE, LA 70821
(225) 219-5600
FAX: (225) 381-7271
1-800-842-6630
www.ethics.la.gov

CERTIFIED MAIL

NO. 70200090000064273590

RETURN RECEIPT REQUESTED

October 29, 2020

Ralph Cherry Ingram, Jr.
905 Williams Ave.
Natchitoches, LA 71457

**RE: NOTICE OF DELINQUENCY - AMEND
PFD19000410**

Dear Mr. Ingram:

Pursuant to La. R.S. 42:1124.4, if a person fails to file a Personal Financial Disclosure Statement as required by 42:1124, 1124.2, 1124.2.1, or 1124.3; omits information; or files inaccurately, a Notice of Delinquency shall be issued. A review of your Tier 2.1 Personal Financial Disclosure Statement covering 2018 that was filed with this office on January 22, 2019, indicates the following error(s) or omission(s):

You are required to disclose income that your spouse received (during calendar year 2018) from the Louisiana State Employee Retirement System on SCHEDULE E.

You have 7 business days from the date of receipt of this Notice to file an amendment to your Statement, or to submit a written Answer contesting the allegations. **Failure to file** within the 7 days will subject you to an automatic late fee of \$50 per day up to a maximum of \$1,500. Proof of timely filing is determined by the U.S. Postal Service postmark; receipt from the U.S. Postal Service; or receipt from a commercial delivery service.

If you would like to view the report that was initially filed to further explain the omission and/or correction needed, you may visit our website at www.ethics.la.gov. If you have any questions, you may contact me at 225/219-5600 or 800/842-6630.

Sincerely,

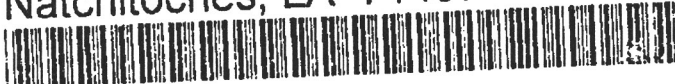
Tammy Frazier
Compliance Investigator

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ralph Cherry Ingram, Jr.
905 Williams Ave.
Natchitoches, LA 71457



3590



9590 9402 5367 9189 0221 12

2. Article Number (Transfer from service label)

7020 0090 0000 6427 3590

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

NA COO 10/31/20

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

NO DELIVERY ADDRESS
ON ENVELOPE

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

1 Mail

1 Mail Restricted Delivery
(500)

10.297F

Domestic Return Receipt